PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

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appropriate. All further corr indicated unless corrected b maintenance fee notification	espondence including the lelow or directed otherwise	Patent, advance orders in Block 1, by (a) spe	and notification ecifying a new co	of maintenance	e fees wil address; a	l be mailed to the currer nd/or (b) indicating a sep	nt correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 7590 02/17/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
LESTER J. VINC	ENT LOFF AYLOR & ZAF BOULEVARD	MANUE	-	I hereby certify States Postal S addressed to t	Certing that this Service with the Mail S	ficate of Mailing or Trai	nsmission ng deposited with the United irst class mail in an envelope is above, or being facsimile
LOS ANGELES, C	A 90025	ري ميرون ميرون اي ميرون ميرون ميرون	\	Cathy	v A. K	err	(Depositor's name)
	(MAY Z U ZUUA A)	Can		2. Keu	(Signature)
	(F		•	May 17	7, 200	144	(Date)
APPLICATION NO.	FILING DATE	TRADEMAR FIRS	T NAMED INVEN	ΓOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/811,146	03/15/2001	The Stronger of the	Wayne V. Sorin	-		5489P046X	5804
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	Bry	BLICATION FE	ie.	TOTAL EEE/C) DUE	T DATE DUE
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nonprovisional		\$1330	· · · · · · · · · · · · · · · · · · ·	\$300		\$1630	05/17/2004
EXAM	NER	ART UNIT	CL	ASS-SUBCLASS	S		
HEALY,	BRIAN	2874		385-027000			
 Change of correspondence CFR 1.363). Change of correspondence 	nce address (or Change of C	orrespondence ag	For printing on ames of up to agents OR, alterna	3 registered partition of the	atent atto	a single	, SOKOLOFF, & ZAFMAN LLP
Address form PTO/SB/12 "Fee Address" indicatic PTO/SB/47; Rev 03-02 o Number is required.	2) attached. In (or "Fee Address" Indicat r more recent) attached. Use	ion form at	rm (having as a gent) and the nar ctorneys or agents ill be printed.	nes of up to 2	2 registere	ed patent	
PLEASE NOTE: Unless	to the USPIO or is being s	ow, no assignee data w ubmitted under separat	vill appear on the	patent. Inclusion of this form	i is NOT a	substitute for filing an as	iate when an assignment has signment.
Novera Opt	ics, Inc.	Palo	Alto, CA				
Please check the appropriate	assignee category or categor	ries (will not be printed	on the patent);	🗅 individua	al 🗆 cor	poration or other private g	group entity 🚨 government
a. The following fee(s) are e	nclosed:	\ /'	ment of Fee(s):				
Issue Fee Publication Fee			check in the amo ayment by credit				
Advance Order - # of C	Conies /O						r cradit any overnaument to
A contract or decimal and the		Бер	osit Account Nur	nber 02-2	666	(enclose an extra	r credit any overpayment, to copy of this form).
Director for Patents is reques		nd Publication Fee (if a	ny) or to re-apply	any previously	y paid issu	e fee to the application id	entified above.
Authorized Signature) Re		(Date)					
Lester J. Vince		May 17, 20		05/21/2	004 MAHP	IED2 00000095 0981	1146
NOTE; The Issue Fee and other than the applicant; a interest as shown by the rec				01 FC:1 02 FC:1	.504		1330.00 OP 300.00 OP
This collection of informat obtain or retain a benefit b application. Confidentiality estimated to take 12 minute completed application form case. Any comments on t suggestions for reducing th Patent and Trademark O 22313-1450. DO NOT SE SEND TO: Commissioner f	y the public which is to fi is governed by 35 U.S.C. Its is to complete, including ga i to the USPTO. Time will he amount of time you re is burden, should be sent to ffice, U.S. Department of CND FEES OR COMPLE	le (and by the USPTO 22 and 37 CFR 1.14. T. thering, preparing, and I vary depending upon equire to complete th to the Chief Informatio of Commerce, Alexain TED FORMS TO TH	to process) an his collection is submitting the the individual is form and/or Officer, U.S.	03 FC:8	3001		30.00 OP

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MAY 2 0 2004 😩	FEE TRANSMITTA (FY 2004 Begins		004	
THE THE PARTY OF T	TOTAL AMOUNT, OF		1,660.00	
Complete KMOMH	e			•
Application No. <u>09/811,14</u> Filing Date <u>March 15, 2001</u>	0			
First Named Inventor Wa	avne V. Sorin	Date of Allowa	ance: February 17,	2004
Examiner Name He	aly, Brian			
Art Unit 28	74	Confirmation	No.: 5804	
Art Unit 28 Attorney Docket No. 54	89P046X			
Applicant claims sm	all entity status. See 37 (CFR 1.27.		
METHOD OF PAYMENT (che	ck all that apply)			
X Check Cred	it Card Money	Order	Other	None
X Deposit Account Deposit Accoun	t Number : <u>02-2666</u>			
Deposit Accoun	t Name:			
	zed to do the following w	ith respect to the	above-identified D	eposit Account:
	ndicated below.			
X Credit any over				
	litional fees during the pe			
	r future reply that requires a			
	an appropriate petition for ex ndicated below <u>except fo</u> r		a all required tees sho	ouid be charged.
Charge lee(s) ii	idicated below except for	the ming ree.		
FEE CALCULATION				:
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Fee Fee				
Code (\$) Code (\$)	Fee Description			Fee Paid
1001 770 2001 385	Utility application filing			
1002 340 2002 170	Design application filir	ng fee		
1003 530 2003 265	Plant filing fee			
1004 770 2004 385	Reissue filing fee	en		****
1005 160 2005 80	Provisional application	n tiling tee		
		s	UBTOTAL (1) \$ <u>0.</u>	00
2. EXTRA CLAIM FEES FOR	UTILITY AND REISSU	<u> </u>		
	Extra Claims	<u>s</u>	Fee from below	Fee Paid
Total Claims	- 20** =		X =	
	- 3** =	-	x ====================================	
Independent Claims	- 3*** =	_	^	
Multiple Dependent			=	
**Or number previously paid	, if greater; For Reissu	es, see below.		
Large Entity Small Entity				
Fee Fee Fee	 			
Code (\$) Code (\$)	Fee Description			
1202 18 2202 9	Claims in excess of 20	wassa of 3		
1201 86 2201 43	Independent claims in e			
1203 290 2203 145	Multiple dependent clair		nal materit	
1204 86 2204 43	**Reissue independent			
1205 18 2205 9	**Reissue claims in exc	ess of 20 and ove	er original patent	
			SUBTOTAL (2) \$	0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

	E-sib.	Cmall E	atitu.			
Large		Small Er	Fee			
Fee Code	Fee	Fee Code		Fee Description	Fee Paid	
	1.,	2051	(\$) 65	Surcharge - late filing fee or oath	reeraiu	
1051 1052		2052	25	Surcharge - late filling fee or oath Surcharge - late provisional filling fee or cover sheet		
1052		1053	130	Non-English specification		
1812		1812	2,520	For filing a request for ex parte reexamination		
1813		1813	2,520 8,800	Request for inter parties reexamination		
1804		1804	920*	Requesting publication of SIR prior to Examiner action		
1805		1805	1,840*	Requesting publication of SIR after Examiner action		
1251	•	2251	55	Extension for reply within first month		
1252		2252	210	Extension for reply within second month		
1253		2253	475	Extension for reply within third month		
1254		2254	740	Extension for reply within fourth month		
1255		2255	1,005	Extension for reply within fifth month		
1401	•	2401	165	Notice of Appeal		
1402		2402	165	Filing a brief in support of an appeal		
1403		2403	145	Request for oral hearing		
1451		1451	1,510	Petition to institute a public use proceeding		
1452	•	2452	55	Petition to revive – unavoidable		
1453		2453	665	Petition to revive - unintentional		
1501	•	2501	665	Utility issue fee (or reissue)	1,330.00	
1502		2502	240	Design issue fee		
1503		2503	320	Plant issue fee		
1460		1460	130	Petitions to the Commissioner		
1807		1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per		
				property (times number of properties)		
1809	770	2809	385	For filing a submission after final rejection		
				(see 37 CFR 1.129(a))		
1814	110	2814	55	Statutory Disclaimer		
1810	770	2810	385	For each additional invention to be examined		
				(see 37 CFR 1.129(b))		
1801		2801	385	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design		
				application		
1504		1504	300	Publication fee for early, voluntary, or normal pub.		
1505		1505	300	Publication fee for republication	300.00	
1803		1803	130	Request for voluntary publication or republication		
1808		1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)		
1454	1,330	1454	1,330	Acceptance of unintentionally delayed claim for priority		
Other f	ee (snecify)	Printed	Convicting	atent w/o color (10 copies)	30.00	
Julei I	ee (specify)	riniteu	CODY OI DO	itent mo color (10 copies)	<u> </u>	
Other f	ee (specify)					
i						
		.	N. 1.4	SUBTOTAL (3) \$ <u>1,</u>	660.00	
*Reduced by Basic Filing Fee Paid						
SUBMITTED BY:						
Typed or Printed Name: Lester J. Vincent						
Signature: Date: May 17, 2004						
Pos N	lumber:	7 31 /60	'	Telephone Number: (408) 720-8300	n	
reg. N	uniber: _	<u>51,400</u>		relephone Number(400) /20-0300	<u></u>	

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450